



MUNICIPAL Form No. 104 (Revised Dec. 1, 1998)

REPUBLIC OF THE PHILIPPINES

(TO BE ACCOMPLISHED IN DUPLICATES)

CERTIFICATE OF LIVE BIRTH

FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITTEN

Province: <u>Cebu</u>		Register Number:	
City or Municipality: <u>Cebu City</u>		(a) Civil Registrar General No. _____	
		(b) Local Civil Registrar No. <u>11794</u>	
1. Place of Birth		2. Usual Residence of Mother (Where does mother live?)	
a. Province <u>Cebu</u>		a. Province <u>Cebu</u>	
b. City or Municipality <u>Cebu City</u>		b. City or Municipality <u>Cebu City</u>	
c. Name of Hospital or Institution (If not in hospital, give street address)		c. Number and Street <u>Cebu City</u>	
d. Is this the hospital (Specify)		Is this the residence of mother (Specify)	
Yes ☐ No ☐		Yes ☐ No ☐	
3. Name (Type or print)		4. Date of Birth	
First <u>BELEN</u> Middle _____ Last _____		Month <u>July</u> Day <u>25</u> Year <u>1959</u>	
5. Sex		6. If twin or triplet, was child	
Male ☐ Female ☐		1st ☐ 2nd ☐ 3rd ☐	
7. Nationality		8. Usual Occupation	
Philippine ☐ Foreign ☐		_____	
9. Usual Residence of Mother (Where does mother live?)		10. Nationality	
_____		Philippine ☐ Foreign ☐	
11. Name of Hospital or Institution (If not in hospital, give street address)		12. Date of Birth	
_____		Month _____ Day _____ Year _____	
13. Name of Hospital or Institution (If not in hospital, give street address)		14. Date of Birth	
_____		Month _____ Day _____ Year _____	
15. Name of Hospital or Institution (If not in hospital, give street address)		16. Date of Birth	
_____		Month _____ Day _____ Year _____	
17. Name of Hospital or Institution (If not in hospital, give street address)		18. Date of Birth	
_____		Month _____ Day _____ Year _____	
19. Name of Hospital or Institution (If not in hospital, give street address)		20. Date of Birth	
_____		Month _____ Day _____ Year _____	
21. Name of Hospital or Institution (If not in hospital, give street address)		22. Date of Birth	
_____		Month _____ Day _____ Year _____	
23. Name of Hospital or Institution (If not in hospital, give street address)		24. Date of Birth	
_____		Month _____ Day _____ Year _____	
25. Name of Hospital or Institution (If not in hospital, give street address)		26. Date of Birth	
_____		Month _____ Day _____ Year _____	
27. Name of Hospital or Institution (If not in hospital, give street address)		28. Date of Birth	
_____		Month _____ Day _____ Year _____	
29. Name of Hospital or Institution (If not in hospital, give street address)		30. Date of Birth	
_____		Month _____ Day _____ Year _____	
31. Name of Hospital or Institution (If not in hospital, give street address)		32. Date of Birth	
_____		Month _____ Day _____ Year _____	
33. Name of Hospital or Institution (If not in hospital, give street address)		34. Date of Birth	
_____		Month _____ Day _____ Year _____	
35. Name of Hospital or Institution (If not in hospital, give street address)		36. Date of Birth	
_____		Month _____ Day _____ Year _____	
37. Name of Hospital or Institution (If not in hospital, give street address)		38. Date of Birth	
_____		Month _____ Day _____ Year _____	
39. Name of Hospital or Institution (If not in hospital, give street address)		40. Date of Birth	
_____		Month _____ Day _____ Year _____	
41. Name of Hospital or Institution (If not in hospital, give street address)		42. Date of Birth	
_____		Month _____ Day _____ Year _____	
43. Name of Hospital or Institution (If not in hospital, give street address)		44. Date of Birth	
_____		Month _____ Day _____ Year _____	
45. Name of Hospital or Institution (If not in hospital, give street address)		46. Date of Birth	
_____		Month _____ Day _____ Year _____	
47. Name of Hospital or Institution (If not in hospital, give street address)		48. Date of Birth	
_____		Month _____ Day _____ Year _____	
49. Name of Hospital or Institution (If not in hospital, give street address)		50. Date of Birth	
_____		Month _____ Day _____ Year _____	
51. Name of Hospital or Institution (If not in hospital, give street address)		52. Date of Birth	
_____		Month _____ Day _____ Year _____	
53. Name of Hospital or Institution (If not in hospital, give street address)		54. Date of Birth	
_____		Month _____ Day _____ Year _____	
55. Name of Hospital or Institution (If not in hospital, give street address)		56. Date of Birth	
_____		Month _____ Day _____ Year _____	
57. Name of Hospital or Institution (If not in hospital, give street address)		58. Date of Birth	
_____		Month _____ Day _____ Year _____	
59. Name of Hospital or Institution (If not in hospital, give street address)		60. Date of Birth	
_____		Month _____ Day _____ Year _____	
61. Name of Hospital or Institution (If not in hospital, give street address)		62. Date of Birth	
_____		Month _____ Day _____ Year _____	
63. Name of Hospital or Institution (If not in hospital, give street address)		64. Date of Birth	
_____		Month _____ Day _____ Year _____	
65. Name of Hospital or Institution (If not in hospital, give street address)		66. Date of Birth	
_____		Month _____ Day _____ Year _____	
67. Name of Hospital or Institution (If not in hospital, give street address)		68. Date of Birth	
_____		Month _____ Day _____ Year _____	
69. Name of Hospital or Institution (If not in hospital, give street address)		70. Date of Birth	
_____		Month _____ Day _____ Year _____	
71. Name of Hospital or Institution (If not in hospital, give street address)		72. Date of Birth	
_____		Month _____ Day _____ Year _____	
73. Name of Hospital or Institution (If not in hospital, give street address)		74. Date of Birth	
_____		Month _____ Day _____ Year _____	
75. Name of Hospital or Institution (If not in hospital, give street address)		76. Date of Birth	
_____		Month _____ Day _____ Year _____	
77. Name of Hospital or Institution (If not in hospital, give street address)		78. Date of Birth	
_____		Month _____ Day _____ Year _____	
79. Name of Hospital or Institution (If not in hospital, give street address)		80. Date of Birth	
_____		Month _____ Day _____ Year _____	
81. Name of Hospital or Institution (If not in hospital, give street address)		82. Date of Birth	
_____		Month _____ Day _____ Year _____	
83. Name of Hospital or Institution (If not in hospital, give street address)		84. Date of Birth	
_____		Month _____ Day _____ Year _____	
85. Name of Hospital or Institution (If not in hospital, give street address)		86. Date of Birth	
_____		Month _____ Day _____ Year _____	
87. Name of Hospital or Institution (If not in hospital, give street address)		88. Date of Birth	
_____		Month _____ Day _____ Year _____	
89. Name of Hospital or Institution (If not in hospital, give street address)		90. Date of Birth	
_____		Month _____ Day _____ Year _____	
91. Name of Hospital or Institution (If not in hospital, give street address)		92. Date of Birth	
_____		Month _____ Day _____ Year _____	
93. Name of Hospital or Institution (If not in hospital, give street address)		94. Date of Birth	
_____		Month _____ Day _____ Year _____	
95. Name of Hospital or Institution (If not in hospital, give street address)		96. Date of Birth	
_____		Month _____ Day _____ Year _____	
97. Name of Hospital or Institution (If not in hospital, give street address)		98. Date of Birth	
_____		Month _____ Day _____ Year _____	
99. Name of Hospital or Institution (If not in hospital, give street address)		100. Date of Birth	
_____		Month _____ Day _____ Year _____	

REMARKS: THE CHILD'S FIRST NAME IS HEREBY CHANGED FROM BELEN TO MARIA-BELEN PURSUANT TO THE DECISION OF CCR EVANGELINE T. ABATAYO ON JULY 2, 2003 IN ACCORDANCE WITH RA 9048.

CERTIFIED CORRECT:

STRELLITA E. SAN JUAN
Senior Archivist
01-31-04

OCRG No. 18-1725973
03/25/2018 04:19:30 PM

DANIEL A. ARIASO, SR., CESO II
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CLAIRE DENNIS S. MAPA, Ph. D.

National Statistician and Civil Registrar General
Philippine Statistics Authority

